

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554639

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13			1			
14			1			
15			1			
16			1			
17				15		
18				15		
19				15		
20			1			
21				1		
22				2		
23				15		
24				15		
25				15		
26				15		
27				15		
28				15		
29				15		
30				15		
31				15		
32				15		
33				15		
34			1			
35				1		
36				2		
37				15		
38				15		
39				15		
40				15		
41			1			
42				1		
43				2		
44				15		
45				15		
46				15		
47				15		
48				15		
49				15		
50				15		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60			1			
61				1		
62				1		
63				3		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74			1			
75				1		
76				2		
77				1		
78				1		
79				1		
80				1		
81				1		
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			10			
TOTAL DEP.			104			
TOTAL CLAIMS			114			